

DIRECT DEPOSIT OF SALARY ENROLLMENT/CHANGE/CANCELLATION FORM FOR:

COMPANY NAME: _____

Section A: Personal Information	
NAME (LAST, FIRST, MI) _____	WORK PHONE #(____) _____
SOCIAL SECURITY # _____ - _____ - _____	

Section B: Account Type	Add (<input checked="" type="checkbox"/>)	Chg (<input checked="" type="checkbox"/>)	Can (<input checked="" type="checkbox"/>)	Name of Financial Institution	Account #	Amount or % or Excess
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking						
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking						
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking						

If more than a total of three accounts is desired, complete additional forms as appropriate. Joint account holders must sign in Section D.

Section C: Must be completed by your Financial Institution if directing funds into a savings account or if a voided personal check is not attached. The employee's name MUST appear on the account.			
1. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings <input type="checkbox"/> Checking <input type="checkbox"/>			
Depositors Account Number (EFT Format) _____		Routing Number _____ Check Digit _____	
As a representative of the above named Financial Institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above and that salary shall be available to the depositor on pay day.			
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
2. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings <input type="checkbox"/> Checking <input type="checkbox"/>			
Depositors Account Number (EFT Format) _____		Routing Number _____ Check Digit _____	
As a representative of the above named Financial Institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above and that salary shall be available to the depositor on pay day.			
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
3. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings <input type="checkbox"/> Checking <input type="checkbox"/>			
Depositors Account Number (EFT Format) _____		Routing Number _____ Check Digit _____	
As a representative of the above named Financial Institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above and that salary shall be available to the depositor on pay day.			
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date

Section D: Depositor/Joint Account Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the Financial Institution(s) named to be deposited into the designated account. The joint account holder for section C-1, C-2, and C-3, if any, must sign on the corresponding line.	
Employee _____	Date _____
Joint Holder Account C-1 _____	Date _____
Joint Holder Account C-2 _____	Date _____
Joint Holder Account C-3 _____	Date _____

INFORMATION

The information provided on this form will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure to provide the requested information may delay or prevent the receipt of payments.

AUTHORIZATION FOR RECOVERY: By signing this form, the employee and each joint tenant, if any, each consent to allow the Company, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled which was deposited to the account in error or by mistake. This means of recovery shall not prevent the Company from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

MULTIPLE DIRECT DEPOSITS ARE AVAILABLE: Employees may indicate multiple fixed amount or percent direct deposits, as well as one net pay or excess pay direct deposit after all fixed amount or percent direct deposits. This form accommodates up to three accounts. For more than three accounts, use additional form(s) when necessary.

INSTRUCTIONS:

- ❑ Employee must complete Sections A and B for each ADDED, CHANGED OR CANCELED account. This is a legal document and cannot be altered by the agency, employee, or financial institution. If there are any changes, the employee must complete a new form.
- ❑ Checking Accounts – Attach a voided check or have Section C completed by your Financial Institution.
- ❑ Savings Accounts – Section C MUST be completed by your Financial Institution.
- ❑ The account # is obtained from a personal check of the Financial Institution.
- ❑ Enter the specific amount when a fixed amount is being deposited (may include cents, e.g. \$150.75) or enter the specific percent when a portion of the check is being deposited (must be indicated as a full percentage, e.g. 50%). Write the word “Excess” when the remainder of monies is to be deposited after all other distributions.

CHANGES: Employees may add, change, or cancel a money or percent amount by completing a new Direct Deposit Enrollment/Change/Cancellation Form. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee’s direct deposit transaction, employees may experience a delay in payments.

CANCELLATIONS: The agreement represented by this authorization remains in effect until canceled by the employee. To cancel, the employee must complete an Enrollment/Change/Cancellation Form that contains all account data information as required in Sections A, B and D for the transaction to be canceled. The Company may cancel an employee’s direct deposit(s) when internal control policies would be compromised by this form of salary payment.